

Foster Family Home - Corrective Action Report

Provider ID: 1-559239

Home Name: Eufemia Aguada, CNA

Review ID: 1-559239-7

94-619 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/21/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 11/21/19.

Corrective Action Report issued during home inspection with all items due to CTA by 12/21/19.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2) - Current APS/CAN/Fingerprinting renewed on 10/27/19 expired on 10/19/19 for HHM#3; for HHM#2 current APS/CAN renewed on 10/27/19 expired on 10/24/19 and Ecrim renewed on 10/27/19 expired on 10/21/19.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1, Client #2 and Client #3.

Client #1- 3 medications do not match the doctor's order, Medication Administration Record, medication bottles, and CMA Medication Lists.

Client #2 - 1 medication not available since 10/7/19; has MD order. PCG stated that medical insurance does not cover. Also 4 other as needed medication bottles are not available.

Client #3 - 1 medication bottle discrepancy with dosage against doctor's order.

Maribel Nakamine, RSW

Compliance Manager

[Signature]

Primary Care Giver

11/21/19
Date

11-21-19
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: EUFEMIA AGUADA

CCFFH Address: 94-619 KIPOH ST. WAIKANAHI HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1) (2)	I SHOWED CTA COMPLIANCE MANAGER DURING HOME INSPECTION THE APS/CAN/FINGERPRINTING FOR HHM#3 AND APS/ECRIM FOR HHM#2 AND PLACE IN HOME BINDER.	11/21/19	HOME WILL MAKE A SCHEDULE OF ALL DUE DATES 2 MONTHS IN ADVANCE USING A CALENDAR TO PREVENT FUTURE LAPSES.
54(c) (5)	CG #1, CMA AND MD CORRECTED THE MEDICATIONS DISCREPANCIES FOR CLIENT #1.	11/26/19	CG #1 WILL CHECK ALL MEDICATIONS ORDERS, BOTTLES AND MAR BEFORE GIVING ANY NEW MEDICATION IF DISCREPANCY IS FOUND, CG #1 WILL

Primary Caregiver's Signature: Eufemia Aguada

Print Name: EUFEMIA AGUADA

Date of Signature: 12-7-19

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: EUFEMIA AGUADA

CCFFH Address: 94-619 KIPOU ST. WAIKANAHI HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c) (5)	MD ORDER WAS PLACED INTO THE CLIENT #2'S BINDER.	11/26/19	CALL MD, CNA AND PHARMACY. IN THE FUTURE PCG #1, WILL NOTIFY MD IF MEDICATION IS NOT AVAILABLE DUE TO NO MEDICAL COVERAGE, AND MD NOTIFY ALSO FOR ALL THE OTHER AS NEEDED MEDICATION FOR AVAILABILITY

Primary Caregiver's Signature: *Eufemia Aguada*

Print Name: EUFEMIA AGUADA

Date of Signature: 12-7-19